

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3625NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2010
NAME OF PROVIDER OR SUPPLIER ALL ABOUT STAFFING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4270 SOUTH DECATUR SUITE A7 LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility from 7/14/10 through 7/15/10, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Nineteen employee records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 061	<p>449.7476 DIRECTOR OF PROFESSIONAL SERVICES</p> <p>Section 13</p> <p>1. The director of professional services must be a physician, or a professional registered nurse, who is licensed to practice in this state.</p> <p>The director must be readily available through the office of the nursing pool to advise members of the the staff of the nursing pool.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure the director of professional services was a registered nurse licensed to practice in the state of Nevada. (Employee #1)</p> <p>Severity: 2 Scope: 3</p>	P 061		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 068	449.7476 DIRECTOR OF PROFESSIONAL SERVICES 2. The director of professional services shall: (g) Evaluate the performance of the nursing staff. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure 9 of 10 nursing staff files contained periodic evaluations by the director of professional services (Employee #3, #5, #6, #9, #10, #11, #12 and #16). Severity: 2 Scope: 2	P 068			
P 072	449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 3. Maintenance of a current record of the health of each member of the staff. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. NRS 441A.120 1. A case having tuberculosis or suspected case	P 072			

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P 072	Continued From page 2 considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. Ê If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his	P 072			

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P 072	<p>Continued From page 3</p> <p>designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to chest radiograph and medical evaluation for active tuberculosis.</p> <p>Based on record review and staff interview, the agency failed to ensure that 16 of 19 employee files reviewed contained documentation of compliance with the requirement of NAC 441A.375. (Employee #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #18 and #19)</p> <p>1. Employee #2 had no second step tuberculin(TB) skin test or equivalent, #3 had no second step TB skin test or equivalent, #4 had no second step TB skin test or equivalent, #5 had no physical exam , #7 had no second step TB skin test or equivalent and no physical exam, #8 had no second step TB skin test or equivalent, #9 had no second step TB skin test or equivalent, #10 had no second step TB skin test or equivalent, #11 had no second step TB skin test or equivalent, #12 had no physical exam, #13 had no second step TB skin test or equivalent, #14 had no second step TB skin test or equivalent, #15 had no chest x-ray report for evaluation of TB</p>	P 072			

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P 072	Continued From page 4 within 1 month of hire, #16 had no second step TB skin test or equivalent, #18 had no physical exam and #19 had no second step TB skin test or equivalent. Severity: 2 Scope: 2	P 072			

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